



Commonwealth of Massachusetts

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

RY2017 MassHealth Acute Hospital P4P Program Requirements: Technical Briefing Session

Presented by MassHealth Office of Providers and Plans

August 19, 2016

11:00am – 12:00 noon (ET)

Technical Session Agenda

Welcome/Session Goal

11:00 am

I. Acute RFA 2017 Hospital P4P Requirements

- Quality Performance Measures
- Performance Assessment Methods
- Incentive Payment Methods
- PSI-90 Considerations

II. RY17 Technical Specs and Reporting Updates

- CY2016 Measure Specs & data tools
- New Data Validation Procedure
- PSI-90 Claims Measure
- Portal Transmittal Upgrades

III. Q & A Period

Wrap-up

12:00 noon

Webcast Logistics

- ✓ Webcast registration is required to view Slides
- ✓ All Hospital Phone lines are muted during the session to prevent background noise spilling into webcast environ.
- ✓ Do not put your line on hold during Q& A period. This will broadcast your organizations advertising system into webcast environ.
- ✓ Presentation slides to be posted on Mass.Gov website
<http://www.mass.gov/masshealth/massqex>

Executive Office Health and Human Services (EOHHS)
Medicaid Acute Hospital RFA 2017:
Section 7- Quality Reporting Requirements and
Payment Methods

Iris Garcia-Caban, PhD
MassHealth Office Providers & Plans

MassHealth Acute Hospital Quality Framework

Quality Goals

- ◆ Improve obstetrical care delivery to *avoid* exacerbating morbidity, added LOS and costs for mons/newborns.
- ◆ Promote evidence-based treatment protocols for prevalent conditions to *avoid* complications of care.
- ◆ Reduce occurrence of in-hospital adverse events that result in patient harm .
- ◆ Improve care transition at time of discharge to *avoid* readmissions.
- ◆ Reduce racial disparities in care interventions.

Guiding Principles for Selecting Measures

Relevance

(Health impact on population)

Areas of Strategic Importance

- **High Volume** - Mothers, newborns, adults, prevalence of chronic conditions
- **High Cost** - obstetrical, neonate, prevalent chronic and complex conditions, etc.
- **High Risk** - disparities, safety, behavioral health, preventable ED use, care coordination, etc.

Empirical Evidence

- Evidence that interventions have proven beneficial is based on scientific knowledge

Feasibility

- Measures drawn from nationally endorsed sets and specifications, whenever possible.
- Collect burden; Capacity for subgroup analysis.

Disparities Sensitive

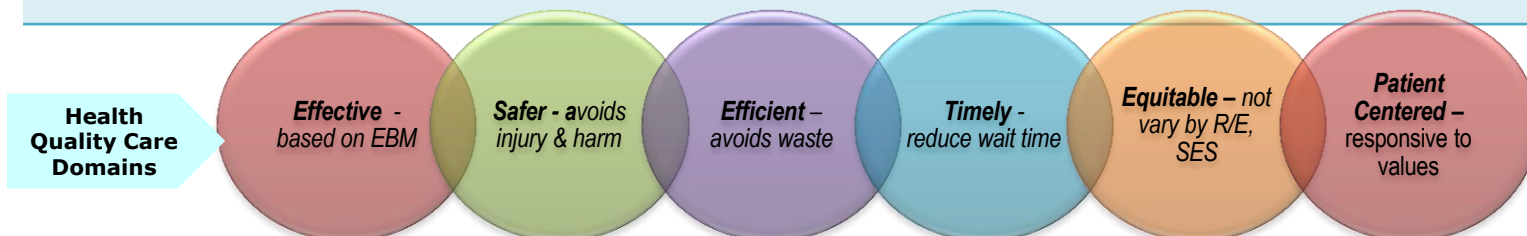
- Measures address areas where racial disparities have been documented in literature.

Actionable

- Within control of the provider, address quality gap.

Alignment

- Align with national quality aims and ACA payment reform efforts.



EOHHS Medicaid Acute Hospital P4P Program Requirements

Operating Principles (Sect.7.1)

- ❖ Key Goal → Reward hospitals for excelling in and improving quality care delivered to MassHealth patients.
- ❖ Each hospitals performance is assessed using methods outlined in the RFA.
- ❖ Each hospitals payment eligibility is contingent on meeting standards set forth in Acute RFA.
- ❖ All Hospitals are required to participate in quality reporting.
No hospitals are exempt.



RFA2017 MassHealth Hospital Quality Measures (Sect 7.3)

ID #	Measure Set Name (Sect 7.3.A)
MAT-3 MAT-4 MAT-5	Maternity Elective Delivery ≥37 and <39 completed weeks gestation Cesarean Birth, Nulliparous vertex singleton term Approp. DVT prophylaxis for women undergoing cesarean*
NEWB-1 NEWB-2	Newborn Exclusive Breast milk feeding * Newborn Bilirubin Screening *
CCM-1 CCM-2 CCM-3	Care Coordination Measures Reconciled medication list received by patient at discharge Transition record with data received by patient at discharge Timely transmittal of transition record
HD-2	Health Disparities Composite Composite includes MAT, CCM , TOB measures only
ED-1 ED-2	Emergency Dept. Throughput Median time from ED arrival to ED depart for Admitted ED Median time admit decision time to ED depart for admitted
TOB-1 TOB-2 TOB-3	Tobacco Treatment Tobacco Screening Tobacco use treatment provided or offered Tobacco use treatment provided or offered at discharge

Medicaid Payer Data Collection (7.3.C)

- Collect and report quality measures on members covered by MassHealth FFS & Managed care plans.

Data Completeness Requirement (7.3.D)

- Collect abstracted data on eligible metrics
- Upload electronic measure data files
- Enter ICD sampling count data
- Submit chart records for data validation
- Meet all data submission deadlines

*New CY2016 (Q1-Q4) measures reporting

RFA2017 Data Validation Requirements (Sect 7.4.B)

Data Reliability Standard



Quality Scoring Impact

- Meeting data reliability standard is required prior to computing the hospital's performance scores.
- **As of CY16**, all hospitals must meet data reliability standard (.80) on **first three quarters** of submitted chart data only.
- Data validation uses random selection of cases, extracted from hospital uploaded files, to evaluate specific data elements.
- A newly reported measure category gets a separate Pass/Fail validation score (in 1st year only).



- If FAIL validation in ***comparison year*** for ongoing reported measures then **all** data is considered unreliable for quality scoring.
- If FAILED validation in ***previous year*** then data is considered invalid for computing comparative year performance.
*(In this case – Improvement Points **do not** apply but may get Attainment points if PASS validation in RY17 and have already established a valid baseline rate)*

New Measure Category Only

- If PASS validation = 100% score
- If FAIL validation = 0% score (next years reported data is used as your baseline rate).

Individual Measure Performance Thresholds (Sect 7.4.C)

Attainment Threshold

- Represents minimum level of performance required to earn points
- **Median** performance (50th) of all hospital previous year data.

Benchmark Threshold

- Represents highest performance achieved to earn maximum points
- **Mean of top decile** (90th) performance of all hospital previous year data

Improvement

- Represents progress achieved from prior year to earn points
- Progress is rate at or better than previous year for individual hospital

{ Evaluates your Hospital against all other Hospitals }



{ Evaluates your Previous & Comparison Year rates }



Your Hospital



Your Hospital



Earning Quality Points on Individual Measures (Sect.7.4.E)

Quality Point System to Weight Raw Measure Rates	
Attainment Points	Improvement Points
<ul style="list-style-type: none"> •0 points: If rate \leq attainment •1 to 9 points: If rate $>$ attainment but $<$ benchmark •10 points: If rate \geq benchmark 	<ul style="list-style-type: none"> •0 points: If rate \leq previous year •0 – 9 points: If rate between previous year & benchmark

$\frac{(\text{Hospital Measure Rate} - \text{Attainment})}{(\text{Benchmark} - \text{Attainment})} \times 9 + 0.5 = \text{Attainment Pts.}$

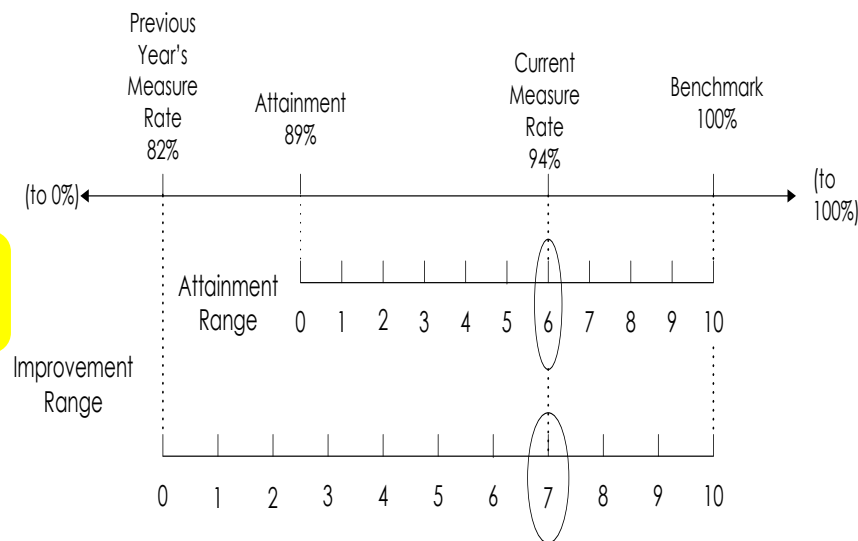


$\frac{(\text{Current Measure Rate} - \text{Prior Yr. Rate})}{(\text{Benchmark Threshold} - \text{Prior Yr. Rate})} \times 10 - 0.5 = \text{Improvement Pts.}$



$\frac{\text{Total Awarded Points}}{\text{Total Possible Points}} \times 100 = \text{Total Performance Score}$

Example of Quality Points Assignment



6 Attainment Points
7 Improvement Points
7 Awarded Quality Measure Points

Award the higher of the Attainment or Improvement Points

Health Disparity Composite Performance Assessment (Sect 7.4.D)

- Performance is evaluated using a Decile Rank Model
- Disparity composite combines select hospital reported clinical process measures each rate year
- Composite uses is a between group variance (BGV) result that reflects variation in care.

	RY2017 Quality Scoring Methods
Measure Calculation	<ul style="list-style-type: none"> ✓ Adds MAT-3,4, CCM, TOB metrics only ✓ Racial Comparison Group Rate ✓ Hospital Reference Group Rate ✓ Final BGV value ranges 0 – 1
Setting Thresholds	<ul style="list-style-type: none"> ✓ Target Attainment set above 2nd decile ✓ All Hospital BGV's are ranked highest to lowest
Conversion Factor	<ul style="list-style-type: none"> ✓ A weight is assigned to each decile group
Measure Analysis Consideration	<ul style="list-style-type: none"> ✓ Results must be used in conjunction in with year-end individual measure report results. ✓ Use racial composite group rates to identify area for improvement. ✓ Each year your BGV value will fall into a different decile group depending on metrics added or removed. ✓ Each year the distribution of all BGV values may affect where your Hospital falls relative to the Target Attainment.

<i>Performance Threshold</i>	<i>Decile Group</i>	<i>Conversion Factor</i>
	10 th decile	1.0
	9 th decile	.90
	8 th decile	.80
	7 th decile	.70
	6 th decile	.60
	5 th decile	.50
	4 th decile	.40
	3 rd decile	.30
Target Attainment		
<i>Lower Deciles</i>	2 nd decile 1 st decile	0 (zero)

HD2 Composite Score = Conversion Factor x 100%

Health Disparity Measurement Approach

Concept Rationale

MISSED OPPORTUNITY MODEL

- Assumes each patient has the opportunity to receive one or more desired care processes.
- Calculated based on number of patients who received all the interventions they needed.
- Numerator [N]** = sum components of appropriate care **not** given.
- Denominator [D]** = sum of opportunity to receive appropriate care across a panel of measures.

HD-2 Composite Attributes

Unit of Analysis is **Racial group** that received desired care process.

Computed from all process measures data the hospital reports on.

Health Disparity Results

Racial Comparison Group Rates

Sum [N] desired care not given to each R/E group
Sum [D] oppty to receive care for each R/E group

Hospital Reference Group Rate

Sum [N] desired care not given for all R/E groups
Sum [D] oppty across or all R/E groups

Between Group Variance

BGV reflect variation in care across each racial group compared to Reference groups

MassQEX Reported Data

Use for HD2

Unit of Analysis is **desired care** process given for each measure

Each measure represents one or more care processes linked to a service line

Validation Rates

N= Scored items in agreement
D= Total # scored items

Measure Rates

N= Desired care given to patient
D= Eligible measure population

RFA2017 Hospital Performance Evaluation Periods (Sect 7.4.E)

Quality Measure Category (QMC)	Previous Year (CY2015 data)	Comparison Year (CY2016 data)	RY2017 Quality Scoring
Maternity (MAT-3, MAT-4)	Jan 1, 2015 - Dec 31, 2015	Jan 1, 2016 - Dec 31, 2016	Attainment/Improvement (P4P)
(MAT-5)*	----- N/A -----	Jan 1, 2016 - Dec 31, 2016 <u>(Baseline data)</u>	Not Applicable
Care Coordination (CCM-1, 2, 3)	Jan 1, 2015 - Dec 31, 2015	Jan 1, 2016 - Dec 31, 2016	Attainment/Improvement (P4P)
Emergency Dept. Throughput (ED-1, ED-2)	Jan 1, 2015 - Dec 31, 2015	Jan 1, 2016 - Dec 31, 2016	Attainment/Improvement (P4P)
Tobacco Treatment (TOB-1, 2, 3)	Jan 1, 2015 - Dec 31, 2015	Jan 1, 2016 - Dec 31, 2016	Attainment/Improvement (P4P)
Health Disparities Composite (HD-2)	----- N/A -----	Jan 1, 2016 - Dec 31, 2016	Decile Group Rank (P4P)
Newborn Care* (NEWB-1, 2)	----- N/A -----	Jan 1, 2016 - Dec 31, 2016 <u>(Baseline data)</u>	Pass/Fail Only (P4R)

- Individual QMC Measures → Use two years of data to compute quality points.
- Health Disparities → Use current reported year data to evaluate decile rank performance
- Newly Reported Metrics → Quality scoring is not applicable (N/A). Data used as baseline to set thresholds

RFA2017 Incentive Payment Eligibility Criteria (Sect 7.5)



Meet Data Completeness Requirement

- Data reporting standards in Section 7.3.C

*** NEW
Change**

Meet Data Reliability Standards

- Pass Validation (.80) on first three quarters of chart data

Achieve Performance Thresholds

- *Individual Metrics:* Meet Attainment or Benchmark
- *Composite Metric:* Target Attainment (above 2nd decile group)

RFA2017 Incentive Payment Approach (Sect 7.5.A)

Pay-for-Performance (P4P)

- Applies to MAT, CCM, ED, TOB, HD2 quality measure categories
- Must meet payment eligibility rules in prior slide.

Pay-for-Reporting (P4R)

- Applies to Newborn Care Category only
- Must pass data validation in first year reported only (Pass = 100% Fail = 0%).

ID#	Quality Measure Category	RY2017 Payment Approach	RY2018 Payment Approach
MAT	Maternity	P4P	P4P
CCM	Care Coordination	P4P	P4P
ED	E.D. Throughput	P4P	P4P
HD2	Health Disparity Composite	P4P	P4P
TOB	Tobacco Treatment	P4P	P4P
Newly Reported Measures			
NEWB	Newborn Care Category	Pay-for-Reporting (P4R)	P4P <ul style="list-style-type: none"> ▪ Begin quality points scoring ▪ Added to HD2 composite
MAT-5	DVT Prophylaxis for Cesareans	Not applicable	P4P <ul style="list-style-type: none"> ▪ Begin quality points scoring ▪ Added to HD2 composite

RY2017 Incentive Payment Methods (Sect 7.5)

Payment Calculation (7.5.B)

Maximum Allocated Amount

- Portion of RFA dollars are tied to performance
- Measure category allocations uses multiple criteria

Statewide Eligible Medicaid Discharges

- Sum of all hospital FFS discharges that meet ICD measure population requirement.
- Estimated from FY15 MMIS claims data

Quality Measure Category Per-Discharge Amt.

- Estimated based on FY15 MMIS claims data

Maximum Allocated Amount	= QMC per Discharge Amount
Statewide Eligible Medicaid Discharges	

Incentive Payment Formula (7.5.C)

Performance Score for each QMC

- Individual Measures = Total Performance Score
- Health Disparity = Composite Score

QMC per-discharge Amount

- Final based on FY16 MMIS claims data

Eligible Discharges for each QMC

- Final based on FY16 MMIS claims data

(Final Performance Score) x (Eligible Medicaid Discharges) x (QMC per Discharge Amount)	= Incentive Payment
---	---------------------

RFA2017 Eligible Medicaid FFS Discharges (Sect 7.5.B)

Eligible Discharges Defined

- Must meet measure ICD initial population codes
- Covered by Medicaid PCCP/FFS insurance only
- MassHealth is primary and only payer

MMIS Data Source

- **Paid Claims:** Extract hospital discharges for members covered by PCCP & FFS only.
- **Data Period:** Use FY16 (10/1/15 – 9/30/16) discharges used to compute RY17 payments.

HD2 Eligible Discharges (**NEW change**)

- Total # “Unique Discharges” defined as a single hospital discharge which meets ICD requirement for one or more measure categories that is counted **only once.**
- **EXAMPLE:** If same patient is found in the ICD population codes for MAT, TOB and CCM then the discharge is not counted 3 times.

Quality Category	ICD Patient Population Inclusion*
Maternity	<ul style="list-style-type: none"> ▪ TJC manual ICD code tables - all deliveries ▪ Age ≥ 8 and < 65 years
Care Coordination	<ul style="list-style-type: none"> ▪ EHS manual ICD codes - in denominator ▪ Age > 2years and < 65 years
E.D. Throughput	<ul style="list-style-type: none"> ▪ NHIQM manual ICD code tables ▪ Age < 65 years admitted via ED only
Tobacco Treatment	<ul style="list-style-type: none"> ▪ NHIQM manual ICD code tables ▪ Age ≥ 18 and < 65 years
Newborn Care	<ul style="list-style-type: none"> ▪ TJC manual ICD code tables - multiple births ▪ Age ≤ 0 and ≤ 2 days
HD2 Composite	<ul style="list-style-type: none"> ▪ ICD popn codes for MAT, TOB, CCM only (excludes NEWB)

RFA2017 Hospital Data Reporting Timelines (Sect. 7.6.A)

Submission Due Date	Data Submission Requirement	Data Reporting Format	Reporting Instructions
October 3, 2016	<ul style="list-style-type: none"> Hospital Quality Contacts Form Hospital Data Accuracy and Completeness Attestation Form 	HospContact_2017 Form HospDACA_2017 Form	RFA Section 7.2.D RFA Section 7.6.E
Nov 18, 2016	<ul style="list-style-type: none"> Q2-2016 (Apr – June 2016) Q2-2016 ICD population data 	Electronic Data Files; and ICD online data entry form (via MassQEX Portal)	Technical Specs Manual (Version 9.0)
Feb 17, 2017	<ul style="list-style-type: none"> Q3-2016 (July – Sept 2016) Q3-2016 ICD population data 	Electronic Data Files; and ICD online data entry form (via MassQEX Portal)	Technical Specs Manual (Version 10.0)
May 12, 2017	<ul style="list-style-type: none"> Q4-2016 (Oct – Dec 2016) Q4-2016 ICD population data 	Electronic Data Files; and ICD online data entry form (via MassQEX Portal)	Technical Specs Manual (Version 10.0)
August 11, 2017	<ul style="list-style-type: none"> Q1-2017 (Jan – Mar. 2017) Q1-2017 ICD population data 	Electronic Data Files; and ICD online data entry form (via MassQEX Portal)	Technical Specs Manual (Version TBD)

- RFA17 Program Forms must be submitted by Oct 3, 2016
- MassQEX Portal opens 8 weeks prior to each submission deadline
- Go to Portal homepage for open date schedule that apply to RY17 cycles

RY17 Hospital Program Participation Forms (7.2 & 7.6)

EOHHS Business Communication

Key Representatives (Sect 7.2)

- Designate a Quality & Finance staff to serve as liaison to communicate with EOHHS on all Acute P4P contract requirements. Must Notify EOHHS when key reps change

Data Attestation Form (Sect 7.6.E)

- **(NEW)** As of RY17, Hospital CEO must attest to CY quarter measure exemption reporting when service does not apply (ex: no OB, ED dept.).
- Info is used to verify data completeness.

Mailing Forms (Sect. 7.6.E)

- Refer to EOHHS Technical Manual v10.0 (section 1) for mailing instructions for each form.

Hospital Quality Contact Form

- List Key Reps & Portal Users

Hospital Data Attestation Form

- Adds **NEW** metric reporting exemption provision

MassQEX User Registration Forms

- Authorizes Portal users

Data Extension Request Form

- Extraordinary Circumstance request

Data Validation Reevaluation Request Form

- Reconsideration of validation results request

PSI-90 Composite Measurement Consideration

- Patient Safety Indicators (PSI's) are measures of preventable complications/adverse events following in-hospital surgical & medical procedures that are markers of harm associated with delivery of care.
- In FY10 & FY11 over \$70.3M of hospital charges to MassHealth were attributed to all combined PSI's (#1-19) and 50% of those charges were specific to existing PSI-90 composite noted below.

Existing PSI-90 Composite Select Indicators of Patient Safety (N=8)	New Modified PSI-90 Composite Patient Safety & Adverse Events (N=10)*
<ul style="list-style-type: none"> • PSI 03 Pressure Ulcers Rate • PSI 06 Iatrogenic Pneumothorax Rate • PSI 07 Central Venous Cath. Related Blood Stream Infection Rate • PSI 08 Postoperative Hip Fracture Rate • PSI 12 Perioperative Pulmonary Embolism or DVT Rate • PSI 13 Postoperative Sepsis Rate • PSI 14 Postoperative Wound Dehiscence Rate • PSI 15 Accidental Puncture or Laceration Rate 	<ul style="list-style-type: none"> • PSI 03 Pressure Ulcers Rate • PSI 06 Iatrogenic Pneumothorax Rate • PSI 08 In-Hospital Fall with Hip Fracture Rate* • PSI 09 Perioperative Hemorrhage or Hematoma Rate* • PSI 10 Postoperative Acute Kidney Injury Rate* • PSI 11 Postoperative Respiratory Failure* • PSI 12 Perioperative Pulmonary Embolism or DVT Rate • PSI 13 Postoperative Sepsis Rate • PSI 14 Postoperative Wound Dehiscence Rate • PSI 15 <u>Unrecognized Abdominopelvic</u> Accidental Puncture/Laceration Rate* <p>(*New changes)</p>

- In RY16, MassHealth completed PSI-90 testing and identified areas for improvement. Other testing will be considered with new “Modified PSI-90 composite” noted in table.
- Hospitals will receive PSI-90 composite report results intended for quality improvement monitoring.

PSI-90 Composite: Claims-Based File Consideration

Standardized File Definition*

Medicaid Hospital Stay File

- Extracts clinical and administrative data on all patient hospitalizations for dates of service associated with measurement period
- Extracts MMIS and Encounter claims data
- Includes all patient ages > 18 years

Measure Working Analytic File

- Use a snapshot of adjudicated paid claims taken 6 months following the last day of discharges relevant to measurement period.

Measure Testing Periods

- Phase 1 Period: 24 months. (1/1/2012 – 12/31/13)
- Phase 2 Period: 21 months (1/1/14 – 9/30/15) adjusts for ICD-10 transition

**See Tech Specs Manual (v10.0) for more detail*

Data File Preparation*

Claims Data Field	Excluded Files
Date of Birth (Age)	All <18 years removed
Discharge date	Incorrect or Missing
Discharge Disposition	LAMA, missing, and federal
Length of Stay (LOS)	LOS less than zero
Present on Admission	Blank or Invalid defaults to No
Primary Diagnosis code	Missing Dx1 entry
Claims status	Received no payment
Diagnostic Related Group	Missing
Revenue codes	Duals , third party liability

RY2017

Measure Technical Specifications and Reporting Requirement Updates

Cynthia Sacco, MD
Telligen, Inc.

Overview of Key Changes in RY2017 EOHHS Technical Specifications Manual (v10.0)

- ❑ **Section 1:** Introduction – CY16 Reporting Timelines & general updates
- ❑ **Section 2:** Data Collection Standards – Update MassHealth MCO plan names
- ❑ **Section 3:** Measure Specifications - Update all descriptions and flowcharts
- ❑ **Section 4:** Sampling - Begin aggregate all Medicaid patient sampling
- ❑ **Section 5:** Transmittal Guidelines – New file transfer application options
- ❑ **Section 6:** Data Validation – Truncate chart request into 3 Quarters
- ❑ **Section 8:** PSI 90 Composite – Add metric collection and calculation methods
- ❑ **Appendix Tools:** Changes to collection and reporting tools

RY2017 MassHealth Measure Description & Flowchart Updates: Effective Q3-2016 Reporting

	Metric ID#	Section 3: Measure Description
Ongoing Reported Measures	MAT-3	<ul style="list-style-type: none"> Removal of Clinical Trial data element
	MAT-4	<ul style="list-style-type: none"> Removal of Clinical Trial data element
	CCM-1,2,3	<ul style="list-style-type: none"> None
	ED-1,2	<ul style="list-style-type: none"> See Specifications Manual for NHQIM version posted
	TOB-1,2,3	<ul style="list-style-type: none"> See Specifications Manual for NHQIM version posted
Newly Reported Measures	NEWB-1	<ul style="list-style-type: none"> Removal of Clinical Trial data element Discharge Disposition code 5 (other facility) yields exclusion
	NEWB-2	<ul style="list-style-type: none"> Removal of Clinical Trial data element Discharge Disposition code 5 (other facility) yields exclusion
	MAT-5	<ul style="list-style-type: none"> Removal of Clinical Trial data element

RY2017 MassHealth Data Dictionary and Appendix Tool Updates: Effective Q3-2016 Reporting

Metric ID#	MassHealth Data Dictionary (Appendix A-9)	Hospital & Vendor Data Tools (Appendix A-1 to A-11)
MAT-3	<ul style="list-style-type: none"> ▪ Labor ▪ Prior Uterine Surgery 	<ul style="list-style-type: none"> ▪ A-3: Abstraction Tool ▪
MAT-4	<ul style="list-style-type: none"> ▪ Number of live births 	<ul style="list-style-type: none"> ▪ A-4: Abstraction Tool ▪ A-10: Measure Calc. Rules
CCM-1,2,3	<ul style="list-style-type: none"> ▪ Advanced care plan ▪ Current medication list ▪ Discharge diagnosis ▪ Medical procedure and tests ▪ Reason for inpatient admission ▪ Reconciled medication list ▪ Studies pending at discharge ▪ Transmission date 	<ul style="list-style-type: none"> ▪ None
ED-1,2	See Specifications Manual for NHQIM version	<ul style="list-style-type: none"> ▪ None
TOB-1,2,3	See Specifications Manual for NHQIM version	<ul style="list-style-type: none"> ▪ None
NEWB-1	<ul style="list-style-type: none"> ▪ Admission to the NICU ▪ Exclusive Breast Milk Feeding 	<ul style="list-style-type: none"> ▪ A-1: Abstraction Tool ▪ A-10: Measure Calc. Rules
NEWB-2	<ul style="list-style-type: none"> ▪ Admission to the NICU 	<ul style="list-style-type: none"> ▪ A-2: Abstraction Tool ▪ A-10: Measure Calc. Rules
MAT-5	None	<ul style="list-style-type: none"> ▪ A-5: Abstraction Tool ▪ A-10: Measure Calc. Rules

RY2017 All Medicaid Payer Sampling Requirements

Effective with Q1-2016

Revised MassHealth Initial Patient Population

- Begin aggregate All Medicaid payer sampling (all Medicaid payer codes)

Revised Minimum Sample Size Requirement Tables

- Quarterly aggregate All Medicaid payer population sampling
- Monthly aggregate All Medicaid payer population sampling

Revised ICD Data Entry Form

- Must enter aggregate Medicaid ICD population and sample counts

Revised Portal Reports

- Will display aggregate all Medicaid data submitted

RX2017 Changes to Data Validation Procedures

Effective Q1-2016

Modified Validation Procedure (New)

- ❖ Chart Sampling will now be performed for Quarters 1,2,& 3 only
- ❖ Random stratified sample of n=8 charts for each quarter will be requested
- ❖ Must pass validation (.80) based on three quarters of chart data
- ❖ Mid-year validation reports will no longer be mailed.

Modified Chart Request Schedule

- ❖ As of RX17 Hospitals will have 21 calendar days to submit CY16 records

Key Change	RX16	RX17
Time to submit records	17 calendar days	21 calendar days
Charts per Quarter	6 charts per quarter Submit 4 quarters	8 charts Submit 3 quarters
Total # charts	n=24	n=24

Improving Hospital Data Validation Results

Care Coordination Measures

CCM-1: Reconciled Medication List

- ✓ Reconciled Medication List must address new, continued and discontinued medications

CCM -2- Transition Record Data Elements

- ✓ Must document all 11 data elements on Transition Record given to patient
- ✓ Advance Care Plan element is often not documented on Transition Record
- ✓ Pending Tests element is often not documented on Transition Record

CCM-3 –Timely Transmittal of Transition Record

- ✓ Must provide documentation of the transmission date from EHRs

Tobacco Treatment Measures

- Tobacco use within 30 days prior to admission includes all forms of tobacco not just cigarettes (smoking and smokeless forms)
- This transition from collecting smoking history to collecting tobacco use now requires hospitals to expand their screening criteria and documentation to meet requirements
- Tobacco cessation counseling components must be documented as being conducted in a 1-on-1 session with the patient.
- **Quitworks** pamphlet given the patient is not sufficient to meet the measure requirements.

RY2017 MassHealth PSI-90 Measure Specifications

(Section 8 New Insert)

Measure Calculation Method

- **AHRQ Software (SAS v5.03):** Uses 25 ICD Diagnosis & 25 Procedure codes.
- **Observed & Expected Rates** - for each individual PSI
- **Risk Adjusted Rates** - each PSI is risk adjusted by factors that vary by indicator.
- **Smoothed rate** - is the weighted average of hospitals risk adjusted and reference population rate for each PSI..
- **Composite Index** - is weighted average of all PSI indicators
- **Reference Population** - uses HCUP national population
- **Case Minimum** – Hospital data must have 3 cases for any one indicator in data period

Component Indicator Weights

- PSI-90 is the weighted average of the risk adjusted scaled and reliability adjusted rates for each component indicator.
- AHRQ software uses the numerator weighting that is based on relative frequency of each indicator numerator in HCUP reference population.
- Testing numerator weights based on relative frequency in the MassHealth population is also done.

Reliability Adjusted Weights

- The reliability-adjusted weights are the signal-to-noise ratio, where the signal variance is estimated from the reference population, and the noise variance is estimated from the user's data and is unique to each provider in the user's data

See EHS Tech Specs v10 and Appendix A-12 for calculation specs

Medicaid PSI-90 Test Findings: General Observations (1 of 2)

- Most hospitals have eligible PSI patient populations and are eligible for PSI-90 measure calculation.
- Most hospitals show numerator events indicating that MassHealth hospitalized patients are experiencing preventable complications and adverse events (healthcare errors) that cause patient harm.
- Preliminary test results of Medicaid specific PSI composite values, does show variation in the incidence of adverse events among hospitals.
- Both MMIS claims and Encounter claims data coding completeness are essential for reliable measure results.*

*See RY17 Tech Specs Manual (v10) for more detail.

Medicaid PSI-90 Test Findings: General Observations (2of 2)

Data Field Name	Data Coding	Phase 1 Data Period (CY12-CY13)	Phase 2 Data Period (CY14-HRY15)	PSI-90 Measure Calculation Implications
Discharge Disposition	Blank or Invalid Entry	<.08%	<.04%	<ul style="list-style-type: none"> Claims with missing disposition are excluded Transfer status, LAMA, or deceased are criteria in measure eligibility.
Present on Admission (POA)	Blank or Invalid Entry	18%	4%	<ul style="list-style-type: none"> Blank or invalid fields will default to "NO" in measure calculation. Exempt ICD codes have been removed Incorrect POA coding may result in increased rates for PSI indicators.
Admission Type	Coded as "Other" Or Blank Entry	57.1% All Medicaid Payer	46.3% All Medicaid Payer	<ul style="list-style-type: none"> Admission type is used for denominator eligibility. PSI-13 is most affected as the Admission Type 3 "Elective Admissions" was only coded for approx 6% of admissions.
		97.9% MMIS claims	98.4% MMIS claims	<ul style="list-style-type: none"> Most MMIS claims (FFS, PCCP) were coded as Admission Type "Other" or left Blank. Blank defaults to "Other".
		1.0% Encounter claims	0.8% Encounter claims	

Hospital Data Coding Accuracy

- MMIS claims (fee-for-service billing) data coding practices differ compared to Encounter claims data (managed care billing) but have improved.
- Reducing missing and invalid data in claims billing is critical because the PSI measure result may not accurately reflect the observed rate for the patient population.

RY17 MassQEX Portal Data Transmittal Upgrade (1 of 3)

Effective Q2-2016 Reporting

New Technical File Upload Process

- ➔ Java applet is no longer supported as of Q2-2016 submissions
- ➔ New application allows secure transmittal of XML files
- ➔ XML Files may be submitted separately or as Zipped files
- ➔ Confirmation emails of file upload status and file upload reports will stay the same

New File Upload Application Messaging

- ➔ All internet browsers have a character limitation applied to the file name total for all files submitted in one upload instance
- ➔ If the limitation for your browser has been reached, a message will notify you to either select fewer files to upload or zip the files before sending

RY17 MassQEX Portal Data Transmittal Upgrade (2 of 3)

Effective Q2-2016 File Reporting

Sample Portal Screenshot #1

- Screenshot #1 shows the new upload application which replaces the current java applet.
- This new interface applies to test and production level data submission.
- Users will select their files and click on “Submit Files” to begin transfer.
- If the users browser limitation is reached, a message will display with instruction to select fewer files or create a zip file.

The screenshot displays the MassQEX MassHealth Quality Exchange Portal. The main heading is "Upload Test Data". Below this, a message box states: "The length of time required to complete the upload process will depend on your connection and may take a few minutes. Please be patient. Select files to upload:". This message box contains a "Browse..." button, a "Cancel" button, and a "Submit Files" button. To the right of the main content area, there is a "Getting Started" section with links: "ICD Population Form", "Upload Data", "View Uploaded Files", "View Measure Status", "Reports", "Change Account Settings", "Change Password", and "Log Out". Below this is a "Customer Support" section with contact information for the MassQEX Help Desk: "Phone: 844-546-1343", "Email: massqexhelp@telligen.com", and "Monday - Friday 8 a.m. - 5 p.m. (ET)". At the bottom of the page, there is a copyright notice "© 2016 MassHealth Quality Exchange" and links for "Accessibility Statement", "Privacy Policy", and "Terms of Use".

RY17 MassQEX Portal Data Transmittal Upgrade (3 of 3)

Effective Q2-2016 File Reporting

Sample Portal Screenshot #2

- 💧 Screenshot #2 shows a message that confirms status of your transaction.
- 💧 In this case the number of files transmitted and the outcome of the transmission will display on the users screen below the window box.
- 💧 Length of time to complete upload process will depend on your internet provider connection
- 💧 Upload time may take longer so plan accordingly.

MASSQEX MassHealth Quality Exchange Portal

Upload Test Data

The length of time required to complete the upload process will depend on your connection and may take a few minutes.
Please be patient.
Select files to upload:

5 files uploaded, message: SUCCESS_RESPONSE files discovered: 5

Getting Started

- [ICD Population Form](#)
- [Upload Data](#)
- [View Uploaded Files](#)
- [View Measure Status](#)
- [Reports](#)
- [Change Account Settings](#)
- [Change Password](#)
- [Log Out](#)

Customer Support

MassQEX Help Desk
Phone: 844-546-1343
Email: massqexhelp@telligen.com
Monday - Friday
8 a.m. - 5 p.m. (ET)

© 2016 MassHealth Quality Exchange

[Accessibility Statement](#) | [Privacy Policy](#) | [Terms of Use](#)

Wrap Up

EOHHS Contact Information

MassHealth Acute Hospital P4P Contract Requirements

Iris Garcia-Caban, PhD

MassHealth Office Providers & Plans

Phone: (617) 847-6528

Email: Masshealthhospitalquality@state.ma.us

MassQEX Customer Help Desk

Technical Data Collection and Reporting Specifications:

- Phone: 844-546-1343 (toll free #)
- Email: Massqexhelp@telligen.com